

**FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 USC § 1983**

**IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF OREGON**

CASE NO.

I. Parties

In item A below, place your full name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.

A. Name of plaintiff: Korey Joe Conway
ADC # _____

Address: 1115 Jackson St SE Albany OR 97322

Name of plaintiff: _____
ADC # _____

Address: _____

Name of plaintiff: _____
ADC # _____

Address: _____

In item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.

B. Name of defendant: Nurse, Marilyn

Position: R.N.

Place of employment: Linn Co Jail

Address: 1115 Jackson St SE Albany OR 97322

Name of defendant: Nurse, Echsteun

Position: R.N.

Place of employment: Linn Co Jail

Address: 1115 Jackson St SE Albany OR 97322

Name of defendant: Nurse Robbin

Position: R.N.

Place of employment: Linn Co Jail

Address: 1115 Jackson St SE Albany OR 97322

II Are you suing the defendants in:

- ☒ official capacity only
☐ personal capacity only
☒ both official and personal capacity

III. Previous lawsuits

A Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes / ☒ No

B. If your answer to A is yes, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)

G Parties to the previous lawsuit:

Plaintiffs: _____

Defendants: _____

G. Court (if federal court, name the district; if state court, name the county): _____

G Docket Number: _____

G Name of judge to whom case was assigned: _____

G Disposition: (for example: Was the case dismissed? Was it appealed? Is it still pending?) _____

G Approximate date of filing lawsuit: _____

G Approximate date of disposition: _____

IV Place of present confinement: Linn Co. Jail, 1115 Jackson St SE Albany OR 97322

V. At the time of the alleged incident(s), were you: (check appropriate blank)

- ☒ in jail and still awaiting trial on pending criminal charges
☐ serving a sentence as a result of a judgment of conviction
☐ in jail for other reasons (e.g., alleged probation violation, etc.)
 explain: _____

VI. There is a prisoner grievance procedure in the Linn County Jail. Failure to complete the grievance procedure may affect your case in federal court.

A. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

☒ Yes / ☐ No

ADDITIONAL DEFENDENTS

name of Defendant DR. TILLY

(4)

position DR.

place of employment Linn Co. Jail

ADDRESS 1115 JACKSON ST SE ALBANY OR 97322

name of Defendant CPT. Begget

(5)

position CPT

place of employment Linn Co. Jail

ADDRESS 1115 JACKSON ST SE ALBANY OR 97322

name of Defendant tim mueller

position Sheriff

place of employment Linn Co. Jail

ADDRESS 1115 JACKSON ST SE ALBANY OR 97322

- B. If your answer is YES, attach copies evidencing completion of the final step of the grievance appeal procedure. FAILURE TO ATTACH THE REQUIRED COPIES MAY RESULT IN THE DISMISSAL OF YOUR COMPLAINT.
- C. If your answer is NO, explain why not: _____

VII Statement of claim

State here (as briefly as possible) the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Fact of this claim is; Linn Co. Jail Nursing staff, Dr. Tilly, CPT Baggett and Sheriff Tim Mueller are Denying me my mental health medications that work for my mental imbalance, that was perscribed to me by a team of specialists at ASP/SMU. The Dr. Tilly did perscribe some type of meds for me, But they did not ~~act~~ have any affect on my symptoms after 6 weeks. I asked and asked for the meds I know work, but they will not give them to me. I have acted on implus causing injury to myself, my emotions are troublesome

VIII. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments. Cite no cases or statutes.

I would like the court to award, PLAINTIFF \$15,000 plus \$500.00 per Day, per Defendant for each Day my medication was denied. Also please impose a policy that if a inmate comes in to Linn Co. Jail with perscribed medication please do not change their medication, specially mental health medication.

I declare under penalty of perjury (18 USC § 1621) that the foregoing is true and correct.

Executed on this 23 day of August, 2007.

Kory Conway

Signature(s) of plaintiff(s)

Inmate Grievance Form

Date/Time received by Deputy:

7/15/07 @ 2230

Receiving Deputy:

Sgt Slinger

An inmate may file a grievance if the inmate believes that he/she has been subject to abuse, harassment, abridgement of civil rights or denied privileges specified in the "Inmate Handbook". A formal written grievance will only be accepted if an attempt was made to resolve the situation at the lowest level. Persons cannot be grieved, only incidents.

Date of Incident:

Time of Incident:

Location:

L.C.I.T.

Names of Staff Involved:

Nursing Staff / Dr. Tiller

Witnesses, if applicable:

Clearly Stated Facts of Incident:

I am being denied the mental health medications that was prescribed by my specialist at ASP/SMC. I am comfortable with these meds they kept me level and ok with things. The meds this doctor prescribed, had adverse effects. I have banged my head and split it open 3 times. I explained that I think I need my meds that was prescribed by my specialist, but am still being denied those meds and a proper mental health evaluation. We all know I have issues and that this doctor will not give me my meds. Not having my meds is I believe directly ~~related~~ related to all my mental, physical outburst I am having a hard time controlling my thought/actions.

Inmates Printed Name:

Loren Conway

Inmates Signature:

Loren Conway

Receiving Supervisors Name:

Sgt Slinger

Assigned #:

07-0028

Forwarded To:

Sgt Bagger

Date:

7/16/07

G147

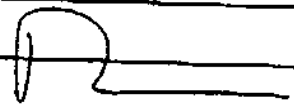
To: Inmate Korey Conway
Date: July 16,2007
Re: Inmate Grievances #07-0028/29
Fr: Captain Baggett

Mr Conway,

I have reviewed your comments and find no merit to them. You are receiving medical care and medications that you refuse to take. You have also talked with Dr Nelson regarding you mental health concerns.

I would suggest that you cooperate with our course of treatment for issues you tell us you have.

PROGRESS/CLINICAL NOTES

DATE/TIME	PROBLEM NUMBER	S O A P	FORMAT: PROBLEM NUMBER & TITLE: S=Subjective O=Objective A=Assessment P=Plan ALL ENTRIES MUST BE SIGNED WITH NAME AND TITLE
4/30/07			MD NOTE ASKED TO SEE PT. BY DR NELSON. PT. UNWILLING TO SPEAK WITH ME THROUGH FOOD PORT IN DOOR. INSUFF. STAFF TO ACCOMPANY I/M TO MEDICINE AT THIS TIME - WILL SCHEDULE & WORK WITH STAFF TO ENSURE APPROPRIATE ESCORT & WILL SEE @ NEXT CLINIC 
5/7/07			MD NOTE PT. WITH GOOD EVAC BY DR NELSON - PT. WITH PARANOID SCHIZOPHRENIA & EXTENSIVE DRUG RX. CONCERNED ALSO ABOUT @ SIDED BACK PAIN @ POST THIGH. EX: ALERT & - CONSTANT MOTION. LOOSE ASSOCIATIONS. OBVIOUSLY PARANOID. DELUSIONAL AT TIMES ASSES: PARANOID SCHIZOPHRENIA MNEMANT DO - ? EPS R: THIAFON 4 BID COBENTIN 1 BID NEURONTIN 300 TID

PROGRESS/CLINICAL NOTES MEUFONING 6 DITS



PAGE NO. _____ SO# 10594 NAME Conway, Corey

PROGRESS/CLINICAL NOTES

DATE/TIME	PROBLEM NUMBER	S O A P	FORMAT: PROBLEM NUMBER & TITLE: S-Subjective O-Objective A-Assessment P-Plan ALL ENTRIES MUST BE SIGNED WITH NAME AND TITLE
6/18/07	1545	S	Seen by Dr. Bryan - dentist
		O	See consult on file
		P	IBW x 2 days. ————— Rubane
6/23/07	1640	3	You was moved to G Block this AM.
			2° inability to follow the rules of West Housings - resulting in several verbal warnings in the computer - Dr. G. Block to examine self inflicted wound to head, 2° hanging back on the wall.
		O	3 visible, superficial cuts to center of forehead + hairline. Contusion evident. stated "it was just getting to be too much"
		P	Cleansed - TAO applied - Advised nurse he washed it off with "toilet water" - Will monitor for s/s infection - Edstun
6/23/07	2115		You cont to be irritable - Took meds via pass through, then through some 2nd of rx down the toilet - Cont to call me names i: "Fucking cow" + "Fucking bitch" ————— (Kicketon pa)
6-26-07	0730		Seen by Don Nelson LMD on 6/25/07 for s/s wounds. See note under consults. (Micksonmark)
6-27-07	1130	S	in Jail, here. Received records
		P	No new orders. Continue to offer Rx's. (Micksonmark)

PROGRESS/CLINICAL NOTES

still talking them

Date/Time Received: 7-25-07

Receiving Officer: 535

LINN COUNTY INMATE REQUEST FORM

Date: 7-25-07

REQUEST: Why have I not received a response to my appeals regarding grievances #07-0028 and 29? I gave these appeals to Deputy Finn, Sgt Eskey on 7-17-07 - Your Rules in regards to this procedure states that I will get a response in 48 hours for an appeal - I believe

Print Name:

Block & Cell No.:

Signed:

REPLY:

in your personal capacity you are trying maliciously to prevent me from exhausting my remedies to prevent further progress in my claim. "note" The appeal application is not carbon copy so I have no proof and I can't get you to reply to my kyles 95 this is the second one

Date/Time Returned:

7-31-07

Signed:

Date/Time Received:

Receiving Officer:

Jail Commander CPT Baggett

LINN COUNTY INMATE REQUEST FORM

Please Respond ASAP

Date: 7-24-07

REQUEST: What has happened to my grievance appeal? It has been 7 days. In the hand book it says it will be answered in 48 hours. I have followed the hand book procedures and exhausted my remedies to no avail. I can not get a response of my appeal and it is not a carbon copy application, where is my proof

Print Name:

Korey Conway

Block & Cell No.:

9 1147

Signed:

Korey Conway

REPLY:

I HOPE THIS IS WHAT YOU NEED.

LOOKS LIKE YOU MAY HAVE ALREADY RECEIVED THIS

Date/Time Returned:

7-31-07

Signed:

[Signature]

Date/Time Received:

Receiving Officer:

LINN COUNTY INMATE REQUEST FORM

Date: 7-31-07

REQUEST:

I need to know what are the #'s given to my grievance appeal forms. Filed on 7-17-07.

Can I get some hair tie's? 2 Please!!

Print Name:

Karey Conway

Block & Cell No.

9 147

Signed:

Karey Conway

REPLY:

Here are all the #'s of the grievances you have written 07-0027, 07-0028, 07-0029, 07-0030 + 07-0031. As far as the hair tie, you buy those off commissary.

Date/Time Returned:

8-1-07

Signed:

Shaperd

Date/Time Received:

Receiving Officer:

1203/801 West / Shaperd

LINN COUNTY INMATE REQUEST FORM

Date:

8-1-07

REQUEST:

Could you please look in my hard file and find grievances 07-0030/31. There should not be grievance's 30/31 only 28/29. If they are not there please erase those # 30/31 or find what happened to the appeals to 2/29. Thank you

Print Name:

Karey Conway

Block & Cell No.

9 147

Signed:

Karey Conway

REPLY:

Date/Time Returned:

Signed:

535

LINN COUNTY INMATE REQUEST FORM

Date: 8-1-07

REQUEST: Why have I not yet received a response to my GRIEVANCE APPEAL FILED ON 7-17-07, RECEIVED BY OPT Finn, FILED BY SGT ESKLY? This is my fourth attempt to try and get a straight answer about my APPEAL.

Print Name: Korey ConwayBlock & Cell No. 9, 147Signed: Korey Conway

REPLY:

YOU HAVE RECEIVED A RESPONSE, I MADE COPIES FOR YOU ON 7-31-07. YOUR NEXT APPEAL WOULD BE TO THE SHERIFF.

Date/Time Returned: 8-1-07Signed: [Signature]

8-1-07 Sheriff, Tim Muellet

LINN COUNTY INMATE REQUEST FORM

Date: 8-13-07

REQUEST:

Tim would you please reply to my level 3 direct appeal to you regarding grievances 07-0028 and 07-0029. Thank you

Print Name: Korey ConwayBlock & Cell No. 9, 147Signed: Korey Conway

REPLY:

Date/Time Returned: 8-13-07Signed: [Signature]

Date/Time Received:

Receiving Officer:

LINN COUNTY INMATE REQUEST FORM

Date: 8-22-07

REQUEST:

Can some one please give me the
Date and times that my grievances and
 appeal appeals were PICK^{UP} By whom and
 in what way the last grievance appeal and

Print Name:

Block & Cell No.

9-147

Signed:

Kathy Conway

REPLY:

Date/Time Returned:

Signed:

Date/Time Received:

Receiving Officer:

LINN COUNTY INMATE REQUEST FORM

Date: 8-1-07

REQUEST:

on 7-15-07 I filed 2 grievances, CPT. Boggett answered these
 grievances labeling them # 07-0028 & 29 on 7-16-07. on 7-17-07 I filed
 grievance appeal which was picked up by Dtt. Finn and filed by Sgt. Paskly.
 The Dtt. Boggett says these appeals will be answered with in 45 days,
 have wrote numerous letters trying to get a response in regards to
 why have I not gotten word back on my appeal. say I can not move forward
 on my claim until I can show I have exhausted the grievance/grievance appeal
 procedure. your grievance appeal application is not carbon copy so I have no proof that
 I attempted to exhaust this process.

Print Name:

Block & Cell No.

9-147

Signed:

Kathy Conway

REPLY:

earlier your staff are confused about how to continue this process or
 they are in the personal capacity directly and maliciously blocking
 my attempt to continue my claim. this is my direct appeal to you
 regarding to grievance 07-0028 and 07-0029 as they have not yet
 been resolved. Reason I am still on grievance # 07-0029 not receiving medical
 treatment for my liver disease and in regards to grievance # 07-0028
 am still not getting my medication. the medication this doctor prescribed has no
 effect on my symptoms. Both of these grievances and appeal are emergencies due to
 possible harm — this direct appeal was received by and sealed in envelope by DPT.
 (SS)

Date/Time Returned:

Signed:

8/1/07

COPIE PINK INMATE

Date/Time Received: 8/23/07 1030

Receiving Officer: 515

LINN COUNTY INMATE REQUEST FORM

Date: 8-23-07

REQUEST:

For your information Mr. Daniels
The Grievance Appeal is not carbon-copy and
I do not have a copy, although I have filed
the appeals. Can you please tell me what date

Print Name: Korey Conway

Block & Cell No. 9, 147

Signed: Korey Conway

REPLY:

time and what #'s were placed
on the last Grievance Appeal?

This is the only Grievance from
in your file

Date/Time Returned: 8/23/07 1230 Hrs

Signed: Sgt Daniels

Date/Time Received:

Receiving Officer:

LINN COUNTY INMATE REQUEST FORM

Date: 8-22-07

REQUEST:

Could you please give me days, dates
and # of my grievance and grievance appeals
including this last appeal to the Sheriff. It
would be very helpful. Thank you

Print Name: Korey Conway

Block & Cell No. 9, 147

Signed: Korey Conway

REPLY:

Mr. Conway you should have all the documents
from your Grievance Forms. When a Grievance
is filed the Inmate is given a copy of that Grievance
with Date and time. It is not the Deputies or
the Sheriff's office responsibilities to keep track of
your paper work that you already been given

Date/Time Returned: 8/23/07 0900 Hrs

Signed: Sgt Daniels

Inmate Grievance Form

Date/Time received by Deputy: 7/15/07 @ 2230Receiving Deputy: Sgt Slinger

An inmate may file a grievance if the inmate believes that he/she has been subject to abuse, harassment, abridgement of civil rights or denied privileges specified in the "Inmate Handbook". A formal written grievance will only be accepted if an attempt was made to resolve the situation at the lowest level. Persons cannot be grieved, only incidents.

Date of Incident: _____ Time of Incident: _____ Location: LCTNames of Staff Involved: unknown, all who handle mail & HRO

Witnesses, if applicable: _____

Clearly Stated Facts of Incident:

I am continuously being kept on level 1 HRO status. This level says I can't have visits, to be kept on this level keeps me from contact with loved ones and witnesses in my behalf to help me defend my case. I believe staff in their personal capacity are purposely keeping me on this level. Also the mail violation report is another tool staff are using to keep me from loved ones and my witnesses. I believe staff are using these disciplinary actions against me in their personal capacity as a tool to keep me away from the people I need to stay in contact with and my loved ones. I'm being denied visits and mail, but under the guise of HRO status and mail rule violation. I never see the rights or by what staff and I never get to see the mail to be sure it was a mail violation.

Inmates Printed Name: Korey ConwayInmates Signature: Korey ConwayReceiving Supervisors Name: Sgt SlingerAssigned #: 070027Forwarded To: Cor Daggert Date: 7/16/07

Note, I received this with Kyle 8-23-01 from Daniels. R: First KYTE to Bishop on 8-23 answered by Daniels

To: Inmate Korey Conway
Date: July 16, 2007
Re: Inmate Grievances #07-0030/31
Fr: Captain Larsen

Below you will find the response given by Captain Baggett to your other grievance's that deal with the same issues. I have also checked on your grievance and find that they have no merit.

Captain Larsen

Mr Conway,

I have reviewed your comments and find no merit to them. You are receiving medical care and medications that you refuse to take. You have also talked with Dr Nelson regarding you mental health concerns.

I would suggest that you cooperate with our course of treatment for issues you tell us you have.

I Received this on 7-31-07
in response to Kyle's to
CPT Baggett / Sheriff Mueller
Dates 7-24-07 / 25

Date/Time Received:

Receiving Officer:

LINN COUNTY INMATE REQUEST FORM

Date: 7-14-07

REQUEST: Why am I still not receiving the medication that was prescribed to me by my mental health specialist at A.S.P.? I did take the meds. that were prescribed for me here. But ~~they~~ after 6 weeks they had no effect on my symptoms (mental health symptoms) in fact I believe it had adverse effects

Print Name: Kiley Conway

Block & Cell No.

9, 147

Signed:

Kiley Conway

REPLY:

Because the health specialist here put you on different meds. You took them 2 days not weeks before you started refusing them. They were ordered on 5/24/07 - you started refusing them on 5/27 - that is only 3 days - No apparent

Date/Time Returned:

7/20/07

Signed:

K. Conway

effect would have been noticed by then.

my notes I got them
in 4-07 took them
until 5-17-07 got
back 5-24-07
until 6-20-07

Date/Time Received:

Receiving Officer:

LINN COUNTY INMATE REQUEST FORM

Date:

6.15.07

Dr. Nelson / F.I.C.

REQUEST:

WOULD LIKE TO TALK TO YOU ASAP
REGARDING MY MENTAL ISSUES THAT HAVE
CLEARLY NOT BEEN SOLVED. IN FACT I THINK
IT IS GETTING WORSE. NO I KNOW IT'S GETTING
WORSE.

Print Name:

Korey Conway

Block & Cell No.

D, 227

Signed:

Korey Conway

REPLY:

Will show this to Mr. Nelson

MR. CONWAY: I AM CONFUSED HOW TO HELP YOU.
WHEN YOU WERE FREE I WENT PERSONALLY TO M.H. WITH
YOU - HELPED SET UP ATMT, PLAN WHICH WOULD HAVE
ADDRESSED ALL YOUR M.H. NEEDS. YOU DID NOT COMPLY AND
APPARENTLY NOT SERIOUS ABOUT GETTING HELP - IN LESS THAN

Date/Time Returned:

6/16/07

Signed:

J. Nelson

8 HOURS LATER YOU WERE BACK TO BREAKING THE LAW & BACK IN JAIL.
I CAN'T HELP YOU IF YOU WON'T.

Date Received:

Receiving Officer:

LINN COUNTY INMATE REQUEST FORM

Date:

6-20-07

REQUEST:

Would like to talk to you about
adjusting my medication or switching
my medication. I still am having issues
mentally - possibly even worse I think

Print Name:

Kathy Conway

Block & Cell No.

D-227

Signed:

Kathy Conway

REPLY:

Will show this to the
Jailer

Date Rec'd Return:

6-20-07

Kathy Conway

Date/Time Received:

Receiving Officer:

LINN COUNTY INMATE REQUEST FORM

Date:

REQUEST:

Print Name:

COWAN, KOREY

Block & Cell No.

G, 147

Signed:

REPLY:

Dr. Tully reviewed your records and requests. He is not going to make any changes in your medications at this time.

Date/Time Returned:

6-27-07

Signed:

Maurice Re

"ALL" Nurses, Dr, Comanger, Sheriff

LINN COUNTY INMATE REQUEST FORM

Date/Time Received:
Receiving Officer:

Date:

REQUEST:

Why have I not Been Prescribed my mental health medication that was Prescribed to me By my mental health Specialist at OSP, smc my medication kept me Level and ok with things. The meds The Doctor here gave me Did not help In fact We all know

Print Name:

Block & Cell No. _____

Signed: _____

REPLY:

Something is wrong, I Banged my head until it split open 3 times, why are you not Prescribing my meds that my Dr who I trust Prescribed to me at osp/smc?

Reply Please - Dr. Tilley is New York. He provided mental Health care. When you refused to take

Date/Time Returned:

7/13/07

Signed: _____

my notes took the
meds for over 6
week only one
mental health med
did not work at
symptoms